


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED


2007 JAN 17 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # V16103</b>	
1. Entity Name <b>JA-ASH ENTERPRISE, INC.</b>	

Principal Place of Business <b>8789 SAN JOSE BOULEVARD SUITE 112 JACKSONVILLE, FL 32217 US</b>	Mailing Address <b>8789 SAN JOSE BOULEVARD SUITE 112 JACKSONVILLE, FL 32217</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
01022007	Chg-P CR2E034 (12/06)
4. FEI Number <b>59-3112598</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>JACKSON, DARYL R CPA 101 E UNION ST, #400 JACKSONVILLE, FL 32202</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	<b>NELSON, JANICE</b>
STREET ADDRESS	<b>8789 SAN JOSE BOULEVARD STE 112</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32217</b>
TITLE	<input type="checkbox"/> Delete
NAME	<i>Handwritten signature</i>
STREET ADDRESS	<i>Handwritten address</i>
CITY-ST-ZIP	<i>Handwritten city-state-zip</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Handwritten signature</i>	DATE _____ DAYTIME PHONE # _____